

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90394 049 ***150.00

DOCUMENT # P01000012648



1. Entity Name
GUACAMAYO DISTRIBUTORS, INC.

Principal Place of Business Mailing Address
 1947 BRANCHWATER TRAIL 1947 BRANCHWATER TRAIL
 ORLANDO, FL 32825 ORLANDO, FL 32825

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3712352 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

SANMIGUEL, MYRIAM
 1947 BRANCHWATER TRAIL
 ORLANDO, FL 32825

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SANMIGUEL, MYRIAM	
STREET ADDRESS	1947 BRANCHWATER TRAIL	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANMIGUEL, HEMBER	
STREET ADDRESS	1947 BRANCHWATER TRAIL	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANMIGUEL, JUAN C	
STREET ADDRESS	1947 BRANCHWATER TRAIL	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	BM	<input type="checkbox"/> Delete
NAME	SANMIGUEL, DAVID	
STREET ADDRESS	1947 BRANCHWATER TRAIL	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	AM	<input type="checkbox"/> Delete
NAME	SANMIGUEL, ANAMANIA	
STREET ADDRESS	1947 BRANCHWATER TRAIL	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *04-28-04* Daytime Phone #: *407-737-3306*